STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

90. DF 197111 411	1		
DISTRIBUTI			
SANTA FE			
FILE			
V.S.O.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	OAB		
OPERATOR			
PROBATION DE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multip completed wells.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PRORATION OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
<u>1.</u>		·		 	· · · · · · · · · · · · · · · · · · ·				
Operator						•			
TEXACO Producing Inc.	L			 					
P. O. Box 728, Hobbs, New	Mexico	88240							
Reason(s) for filing (Check proper box)				Other (Please explain)					
New Well	Change in Transporter of:				Change of Operator from Getty to				
Recompletion	U 0:1		□ إ	TEXACO Producing Inc. 12/31/84				34	
X Change in Ownership	Casing	head Gas		Condensate					
If change of ownership give name and address of previous owner									
II. DESCRIPTION OF WHIL AND L	EASE							~ <u>,</u>	
Lease Name	1	Pool Name, In				Kind of Lease	Ct-t-	Lease No	
Lovington Paddock Unit	13	Loving	con Pa	aaock		State, Federal or Fee	State	B-2411	
Location A : 880	Feet From	The North	thLi	ne and3	30	Feet From The	st		
Line of Section 36 Townsh	160		lange	36E	, NMPL	, Lea	····	County	
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil Injection Name of Authorized Transporter of Casings If well produces cil or liquids, give location of tanks.	or Con	or Dry Go		Address		to which approved copy of to which approved copy of ed? When			
If this production is commingled with the	set from any	other lease	or pool,	give com	ningling orde	r number:			
NOTE: Complete Parts IV and V or	i reverse sia	le if necessa	агу.						
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.			BY DISTRICT 1 SUFERVISOR						
w.B. hh		This form is to be filed in compliance with RULE 1104.							
(Signature)	,			well, th	is form mus	usat for allowable for a t be accompanied by a well in accordance with	tabulation of	f the deviati	
District Operations Manage (Tule) April 10, 1985	er			able on	new and re-	this form must be filled completed wells.			
(Date)			Fill out only Sections I, II, III, and VI for changes of owns well name or number, or transporter, or other such change of condition						

MAY 31 1985